



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



LICENSED MARRIAGE AND FAMILY THERAPIST REQUEST FOR INITIAL LICENSE ISSUANCE

APPROPRIATE FEE MUST ACCOMPANY THIS FORM (See Reverse)

Make check payable to - Behavioral Sciences Fund

Any incomplete item will delay the processing of this application

ALLOW 30 WORKING DAYS FOR THE ISSUANCE OF A LICENSE

Type or print clearly in ink

For Office Use Only
Cashiering No.

| | | | |
|---|--------------------------------|-------------------------------|---------------------|
| 1. Amount of Initial License Fee: (See Chart on reverse) | 2. Date of Birth (mm/dd/yyyy): | 3. SSN or ITIN*: | 4. BBS File Number: |
| 5. Legal name**: Last First Middle | | | |
| Maiden name and any other AKA | | | |
| 6. Address of Record***: Number and Street | | | |
| City | | State | Zip Code |
| 7. Business Telephone: | 8. Residence telephone: | 9. E-Mail Address (OPTIONAL): | |

Is this a new address? ☐ Yes ☐ No If YES, we will update our records accordingly.

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application.

Applicant Signature

Date

THIS FORM WILL ONLY BE ACCEPTED FROM APPLICANTS WHO HAVE PASSED BOTH LICENSING EXAMINATIONS.

* Disclosure of your tax identification number is mandatory. You may provide either your Social Security Number, Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable.

**BPC section 4982(b) gives the board the right to refuse to issue any registration or license, or to suspend or revoke a license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board.

***The address you provide is public information and will be placed on the Internet pursuant to BPC section 27. If you don't want your home or work address to be public, provide an alternate mailing address such as a post office box.

(OVER)

INSTRUCTIONS FOR DETERMINING AMOUNT OF LMFT INITIAL LICENSE FEE

The amount of your Initial License Fee will be prorated and established according to the month of issuance (*month fee received by Board of Behavioral Sciences*) and expiration date (*candidate's birth month*) of the license. Refer to the Fee Chart below to determine the amount you are required to submit with your *Request for LMFT Initial License Issuance*.

Example 1: If your birth month is March and the Board receives your *Request for Initial License Issuance* form in April, the fee required to be submitted with your request is \$130.00. Your license would be valid for approximately 24 months.

Example 2: If your birth month is April and the Board receives your *Request for Initial License Issuance* form in April, the fee required to be submitted with your request is \$70.00. Your license would be valid for approximately 13 months.

Your application shall be deemed abandoned if you fail to pay the initial license fee within one (1) year after notification by the Board of successful completion of the examination requirements.

LMFT INITIAL LICENSE FEE CHART

| ↓ Birth Month ↓ | → Month Fee Received by Board of Behavioral Sciences → | | | | | | | | | | | |
|-----------------|--|----------|-------|-------|-------|-------|-------|--------|-----------|---------|----------|----------|
| | January | February | March | April | May | June | July | August | September | October | November | December |
| January | \$70 | \$130 | \$125 | \$119 | \$114 | \$108 | \$103 | \$98 | \$92 | \$87 | \$81 | \$76 |
| February | \$76 | \$70 | \$130 | \$125 | \$119 | \$114 | \$108 | \$103 | \$98 | \$92 | \$87 | \$81 |
| March | \$81 | \$76 | \$70 | \$130 | \$125 | \$119 | \$114 | \$108 | \$103 | \$98 | \$92 | \$87 |
| April | \$87 | \$81 | \$76 | \$70 | \$130 | \$125 | \$119 | \$114 | \$108 | \$103 | \$98 | \$92 |
| May | \$92 | \$87 | \$81 | \$76 | \$70 | \$130 | \$125 | \$119 | \$114 | \$108 | \$103 | \$98 |
| June | \$98 | \$92 | \$87 | \$81 | \$76 | \$70 | \$130 | \$125 | \$119 | \$114 | \$108 | \$103 |
| July | \$103 | \$98 | \$92 | \$87 | \$81 | \$76 | \$70 | \$130 | \$125 | \$119 | \$114 | \$108 |
| August | \$108 | \$103 | \$98 | \$92 | \$87 | \$81 | \$76 | \$70 | \$130 | \$125 | \$119 | \$114 |
| September | \$114 | \$108 | \$103 | \$98 | \$92 | \$87 | \$81 | \$76 | \$70 | \$130 | \$125 | \$119 |
| October | \$119 | \$114 | \$108 | \$103 | \$98 | \$92 | \$87 | \$81 | \$76 | \$70 | \$130 | \$125 |
| November | \$125 | \$119 | \$114 | \$108 | \$103 | \$98 | \$92 | \$87 | \$81 | \$76 | \$70 | \$130 |
| December | \$130 | \$125 | \$119 | \$114 | \$108 | \$103 | \$98 | \$92 | \$87 | \$81 | \$76 | \$70 |

STATE TAX OBLIGATION: Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. A licensee or applicant must pay his or her state tax obligation, and his or her license or registration may be suspended if the state tax obligation is not paid.